



Mental Health and Disability Services Redesign 2011

Judicial-DHS Workgroup Minutes

September 15, 2011

10:00 am to 3:00 pm

Judicial Branch Building, Room 165

1111 East Court Avenue, Des Moines, IA

MINUTES

Attendance

Workgroup Members: Beth Baldwin, Dan Royer, Deb Schildroth, Diane Brecht, Gretchen Kraemer, Jerry Mays, Jesse Hornback, John Baldwin, Kathy Butler, Kelly Yeggy, Linda Brundies, Mary Ann Gibson, Ron Berg, Steve Hoffman, Terry Rickers, Tom Eachus, Karalyn Kuhns, Kim Wilson

Legislative Representation: Representative Mark Smith, Representative Julian Garrett

Facilitator: Donna Richard-Langer, Iowa Department of Human Services

DHS Staff: Karen Hyatt, Joanna Schroeder

Other Attendees:

Amy Campbell	Iowa Psychological Association, Polk County Health Services and League of Women of Iowa
Bill Freeland	House Democratic Caucus
Deanna Triplett	Iowa Behavioral Health Association
David Higdon	Polk County Health Services
Marty Ryan	Justice Reform Consortium
Rachele Hjelmaas	Legislative Service Agency, Legal Division
Steve Kerber	Appanoose County CPC
Steve Roberts	Disability Rights Iowa
Theresa Bomhoff	Mental Health Planning Council
Zeke Furlong	House Democratic Caucus

Agenda

Agenda Topics:

- Introduction of members, guests, co-chairs and facilitator
- Review of first and second meeting and follow up tasks
- Materials meeting minutes, documents, on the website
- Task: Implementation of Jail Diversion Programs
- Jail Diversion program in Polk County and Sequential Intercept Model
- Jail Diversion program in Bexar County, Texas and discussion
- Jail Diversion program in Blackhawk County
- Initial Recommendations by Workgroup
- Public Comment
- Adjourn

Review of first and second meeting and follow-up tasks

Review of minutes from August 30, 2011 on page 4:

Initial Draft Recommendations:

- Remove from Chapter 229 the title and definition of qualified mental health professional and any reference to it as referenced in Iowa Code.
- The mental health professional definition should be updated within 228.1 as referenced in Iowa Code.
- Review of the 2-tiered approach at time of licensure designation. Psychiatrists, nurses, psychologists, physician assistants, and master level staff would stay the same. Social workers would need 2 years of supervision along with mental health counselors, master level psychologists, PA assistants and nurse practitioners. A recommendation was made to have this discussed in the Adult Workgroup.

Website Criteria:

- The workgroup decides what materials are posted to the DHS website and the approved materials are sent to Joanna Schroeder to post to the Redesign website.

Commitment Costs to the State:

- Transportation data was requested by the workgroup as there is not current data beyond FY10. Complications of the COMIS (County Management Information System) system were described and it was cautioned that the transportation data may not be accurate. It is felt that the costs of transportation are artificially low due to the restrictions of the way the system captures the data.

Presentation #1 and Discussion

Jail Diversion: Polk County Health Services, David Higdon

The essential components of a jail diversion program and alternatives to incarceration were discussed using the Bexar County model in San Antonio, Texas, which was described as the gold standard.

- Common language across systems and the need for consistent language among collaborating agencies.
- Common sense of purpose and urgency that treatment makes a difference. (It was noted that people with mental health disorders serve a disproportionate number of days incarcerated).
- There needs to be a safe place for people to go when in crisis where assessment, emergency crisis services and triage can be provided.
- Interception points need to be created for people to have choices for accessing intervention when in a crisis other than jail or the hospital.
- A sense of interconnectedness between substance abuse, intellectual disability and mental health needs to be developed to reduce the fragmented system that currently exists.
- Co-occurring treatment is necessary due to the percentage of the population with both substance abuse and mental health disorders.

Reference Handout Figure 1: The Sequential Intercept Model viewed as a series of filters

- The Sequential Intercept Model was developed to provide a conceptual framework to provide alternatives to jail.
- Interception – at what point do we intercept and what do we do? Interception needs to occur at different points to reduce people going to jail.

Best clinical practices: the ultimate intercept.

- In Polk County, the mobile crisis team helps approximately 2,000 individuals a year and recent reports show that 3% of the 2,000 ended up going to jail. Of those not going to jail, 65% of the people presenting mental health or substance abuse problems were resolved by the team in the field. This reduces the hours that police spend during crisis with individuals who have mental health disorders.

Law enforcement and emergency services:

- Polk County Health Services has a psychiatrist on call and limited (prescribed as needed) medication can be distributed. Safety contracts are established along with safety follow up with the individual and a reference to mental health services. Mobile crisis data shows that calls requiring police assistance was reduced from hours to minutes due to mobile crisis intervention.

Post arrest: initial detention and initial hearings.

- This is a key interception point where jail diversion tactics happen. A mental health issue is identified. Referral to a mental health court can support engagement (if there is one in the county, Iowa has a few).

Post-initial hearings: jail, courts, forensic evaluations and forensic commitments.

- Examples were given of post diversion in Story and Black Hawk counties. PCHS staff receives the booking table from a jail computer system. They link this with their internal mental health database and are able to look for a match prior to booking. Staff then interacts with the court and tries to negotiate another process.
- PCHS, mobile crisis team consists of a FT police officer, LISW and RN staff and they utilize a MD from the CMHC. The police officer has CIT training and PCHS has the goal to send staff to CIT Train the Trainer in order to train more of the police force.

- Booking criteria: when a person is booked, the admission criteria are reviewed and identification of services needed is noted and referrals are made when able. It is noted that communities need community-based services in order for this process to be effective.

Reentry from jails, state prisons, and forensic hospitalization:

- Mental health courts work with system professionals as a team to create a support plan.
- Community corrections and support team have bi-monthly meetings with jail diversion staff and probation officers.

Reference to Handout: Key Characteristics of Jail Diversion Programs

States and communities across the country are creating innovative and progressive programs, uniquely suited to their local needs and resources. This diversity is crucial to the acceptance and effectiveness of jail diversion programs along the services continuum. Common characteristics are:

- Jail diversion programs are based on the fundamental principle that treatment must be provided in the least restrictive setting possible. Emphasis is placed on community-based treatment services that maximize individual choice and minimize civil or criminal legal constraints.
- Service integration at the community level is key, including partnerships among mental health, substance abuse, social services, justice and other agencies that are critical to developing a well-coordinated response.
- Regular contacts occur for sharing information, coordinating services and addressing problems.
- Experienced staff is responsible for bridging the gaps between mental health, substance abuse and the criminal justice system to ensure coordination of care.
- Strong and effective leadership creates and guides service development and delivery.
- Programs are committed to early identification of and intervention for individuals with mental health treatment needs who can be diverted into treatment.

Community corrections and community support:

The example of a San Antonio, TX transformation center was given.

- The center works with homeless issues, substance abuse and mental health issues, conducts medical triage assessments and mental health evaluations, medical screening, lab and radiology, jail and detention medical consultation and clearance, operate a sobering and detoxification unit, and a drug court is on site.
- The homeless shelter on site has 18 beds and costs \$24.00 per day which is purchased by the CMHC.
- Triage can happen in the ER, voluntary hospitalization.
- Goal is to engage voluntarily in the next treatment step which is a 90 day transitional setting.
- People move back to the community with supports.
- Funding streams are a combination of state, city and community partners.
- During the first year of operation 1,720 people were diverted from jail; the booking costs were \$2,295.00 for a total savings of \$3,947,400.00.

- PCHS recommends looking at San Antonio's dispatch system and distributed a handout: 23 Hour Crisis Center Treat and Triage as an example of a bi-directional dispatch system for Mobile Crisis. Either the team can dispatch police or the police can dispatch the team.
- The transformation center provide comprehensive service for most in need, provides increased availability of comprehensive substance abuse services, reduces barriers to service access and increase motivation with treatment compliance, employ evidence based practices known to be effective and utilize system tracking and outcome based effective treatment.

Discussion of workgroup:

- Discussion on how a rural model could work within proposed regions with core needs being the same across the state, yet modified for regional need.
- Dynamic of legal staff, case manager, and probation officer working together makes the difference regardless of the model.
- Treatment of individual requires pooled funding and de-categorization of funding streams important for efficiency.
- An example given of how in Iowa a Gains grant didn't have continued funding for 9 counties.
- Clarification of region recommendation of more than one county and not more than 10 with population between 250,000 to 750,000.
- Civil commitment would need to have the ability to see the magistrate when moving from inpatient status to outpatient status. Important to know if the treatment is working, review of the individual case.
- Current certification in mental health and substance abuse is a challenge, support for more dual trained staff.
- Recommendation that Magellan be present at the table for the discussion of funding jail diversion.
- Additional recommendation made that the process of jail diversion should be the focus prior to the funding discussion.
- Handout on CIT distributed: Georgia Bureau of Investigation CIT.
- It was noted that the culture of law enforcement in Iowa is changing. The Law Enforcement Academy now has two instructors trained in Mental Health First Aid and is willing to share instruction around the state.
- The question was raised on how many states have crisis stabilization centers and the cost. Additional commitment costs assigned reading was referenced.
- A cost shifting report was referenced from assigned workgroup reading that discussed costs per cases and 5 cost studies are compared.
- A question was raised about best practices in other states and the NAMI rating chart of all states was referenced.
- County programs were referenced in Miami Dade, Florida and Buffalo, New York for their work with veterans and mental health courts.
- Lincoln, Nebraska was referenced as an example where a SAMHSA grant funds jail diversion.

Presentation #2 and Discussion

Jail Diversion: Karen Herkelman, Iowa Department of Corrections, District Director

- The Jail Diversion and Assessment Program was developed in Black Hawk and Dubuque counties to identify mentally ill offenders while they are in jail and assist with transition from incarceration to the community.
- A review was conducted by the Department of Corrections on who was incarcerated in the Iowa system and findings show that individuals with mental health diagnosis spent a higher number of days in jail than the general population.
- In Black Hawk County the CPC originally funded a Community Treatment Coordinator with the Department of Corrections in Waterloo. This position identifies mentally ill offenders in the Black Hawk County Jail and completes assessment work to determine of those offenders, who may be appropriate for services in the community.
- The treatment coordinator initiates contact with various agencies to determine resource available options for the offender and presents options to the court, attorneys and probation/parole officers regarding possible alternatives to jail and prison.
- Community collaboration is the key for this position to be successful. The jail diversion staff receives calls from the CMHC, nurses, judicial staff, etc.
- In Dubuque County there is also a staff person designated to jail diversion in Dubuque. They have found the position cost effective. Cases are managed in a non-traditional way and staff conducts home visits. Placements include community supported living and inpatient substance abuse treatment as most people have a dual diagnosis. The staff also helps with commitment issues if commitment is determined to be the best option.
- The key to jail diversion is finding the services needed for the individual. Housing and transportation are huge barriers to success.
- Jail diversion staff helps with applications and serve as a contact person during the process of application to programs and treatment.
- Jail diversion staff is not involved at the arrest level.
- There is ongoing need to educate law enforcement staff on the process.
- There is over-all consensus in Waterloo and Dubuque that the earliest intervention is the best intervention.
- Benefits to jail diversion are a well rounded system which includes but is not limited to hospitals, clerk of courts, prison, and community based correction.

Data:

- In SFY11, Black Hawk County screened 174 inmates in jail. 153 (88%) were released. Dubuque County screened 43 inmates in jail and 93% were released.
- From 2006 to 2011, 68% of the inmates were men, 74% were successful in the community and 26% returned to jail.

Budget:

- In Black Hawk and Dubuque counties the position was funded through the CPC office. It has changed to reimbursement for client instead of a flat fee and the DOC absorbed some of the cost of the position. SFY12 the position is no longer funded by the CPC in Black Hawk County and the DOC could not absorb any more of the cost. The position is now being funded with a split between the DOC and the county jail. In Dubuque County, the CPC still funds the position.

Discussion:

- Jail Based services need to be available for individuals who are incarcerated with mental health diagnosis.
- Safety net of keeping people safe while incarcerated. The current goal of the institution is keep individuals in jail while the sentence is being served, keep them safe and occupied.
- Required to have a medical director per Iowa Code.
- Funding: According to the auditor the cost per day is \$86.00 per diem. DOC records indicate a cost of \$16.48 per day for an individual. The discrepancy is related to the DOC staff volume going down at the same time the prison population is going up. Oakdale costs \$242.00 a day in the Forensics unit. 41% of these individuals have at least one diagnosis and 24% have a diagnosis of SMI. An Emergency Room visit is estimated at \$1,000.00 for entry.
- It is suggested to compare the jail diversion costs with the cost for jail, ER, hospitalization, and RCF placement (RCF, RCF-PMI, ICF-PMI) and the different levels of care as legislatively mandated along with the length of stay in each placement.

Initial Recommendations by Workgroup

Task: Need to document why jail diversion is needed.

Jail may not be the proper place for people with a mental health diagnosis:

- Jails are not treatment centers.
- Mental illness is not a crime.
- In many cases jail exacerbates the illness.
- Adds cost to the prison.
- People end up in institutions, which increases the overall costs.

Jail can cause irreparable harm to a person with a mental health diagnosis:

- Criminal records make it difficult to obtain housing, employment and treatment.
- Staff in jail is not trained to deal with complex mental illness.
- Violates Olmstead principles.

Jail costs more than living in the community.

Diversion stops the revolving door of individuals in and out of jail:

- Reduces recidivism and crime.
- Not all people with mental health diagnosis should be charged.

Function:

- The intensive case management piece of jail diversion is important.
- Crisis stabilization is important prior to arrest.
- Jail diversion – keep people out of the system who do not need to be there.
- Jail diversion components should include pre- arrest, post-arrest and pre-release.

Screening / evaluation

Pre-Release Services (discharge planning)

- Applying for benefits
- Connecting with providers
- Housing plan
- Medication plan
- Follow up

Sub Acute Care

- Not jail or ER
- 23-hour crisis center model or crisis stabilization unit

Components of jail diversion should include rural vs. urban needs.

The workgroup recommends jail diversion to be included as a Core Service with core functions defined and came to a consensus that this would be listed as a core service.

- **Intensive Case Management:** 50% of the Department of Corrections population has a mental illness and co-occurring diagnosis, therefore after arrest an intensive case manager needs to be assigned to the individual.
- **Screening and Assessment:** Needs to happen at arrest, post-arrest and pre-release.
- **Training** for law enforcement personnel (Department of Correction staff) including CIT and Mental Health First Aid.
- **Pre-Arrest:** The goal prior to arrest is to keep the individual out of the system.
- **Single point of contact** for pre-arrest, post-release and pre-release. This contact needs to know the entire district. Not regional numbers but **one number** to call for all law enforcement. The point of contact would have the authority for jail diversion and that authority would contact the social service system.
- **Definition:** Level of assault needs to be defined for mental health criteria.
- **Discharge Planning:** Assistance with housing, medicine and employment.
- **Sub-Acute level of care:** 23-hour type of model that directs people to the right level of care.
- **Cost Avoidance:** Must assist the population on the front end.

Concerns:

- More people are entering into the Department of Corrections system with a history of assault and it is believed that mental health staff in the community is quick to push the assault button when individuals escalate and then without treatment the problem exacerbates in jail and DOC staff are also assaulted.

- There is concern for health care workers being assaulted by people with mental illness who are escalated in crisis when alternatives to treatment are not provided outside a hospital setting.
- There needs to be a balance of accountability levels for people with a mental health diagnosis and the crime.
- Example given of a person at a Forensic Center, who was afraid to leave the center, did not feel safe in the community and indicated they would rather commit suicide than live outside again without community supports. The individual expressed concern because of the acquired violent classification that was attached to their history throughout the incarceration.
- Example given an individual who was transient who missed a court appearance because he was hospitalized, from the hospital, he was placed on a suicide watch and placed back on a 48-hour hold.

Workgroup request for data in order to look at costs:

- Average cost of an inpatient psychiatric bed: Dan Royer.
- Average cost of one day in jail: Steve Hoffman.
- Average cost of Residential Care placement at all levels.
- Average cost of Emergency Room Visit: Dan Royer.
- Average cost of CSP programming at Community Mental Health Center.
- Average daily cost at a Mental Health Institution.

Public Comment:

- Comment: Concern was expressed regarding the 228.1 three requirements: definition, the master level in the field, Iowa licensure requirement of 2 years of post doc clinical experience for psychologists. Agreement was expressed for uniformity. Does not agree to take out the qualified mental health professional language without definitions and gave the example of how a psychologist gets 1 year of pre doc experience and 1 year post doc experience, so that at time of licensure they already have 2 years of experience without a change in the definition they would be required to have 4 years of experience. It was encouraged to change the wording so that the field is not damaged.
- Comment: Core services, if core elements are added to jail diversion, than this raises the cost of the service and how will those elements obtain funding? Emphasized that flexibility is very important for each community.
- Comment: Not all information is posted on the DHS website and this is a matter of concern. Constituents would like to read the studies, and have access to all the materials one has access

to if they were attending in person. Legal women of Iowa encourage transparency for the committee.

Comment: Indicated that both the substance abuse and mental health systems are under-funded and recommends an individual line item for jail diversion similar to how there is a line item for drug courts.

Comment: Does not agree it is the best idea for funding to funnel through the state of Iowa for comprehensive core services. Does not feel state funding will solve the problem. Gave the example of his 33 year history working with people that are challenging and the staff who are making between \$8.00 and \$10.00 per hour. This example indicates that the system and/or agencies are not matching the level of need to work with people diagnosed with challenging diagnosis with funding for salaries, training and personal experience.

Comment: Concerned there are not enough handouts at the workgroup meetings for the public and seconds the concern of information not being on the website.

Comment: Concerned about creating a line item for jail diversion and minimum requirements with flexibility.

Comment: Wants minimum requirements with flexibility although wants a more uniform jail diversion system.

Comment: Concerned about who is going to pay for non-Medicaid eligible individuals and hears this from multiple areas. Concerned about the silos of funding as the system recommendations move forward.

Adjourn

Next meeting is on September 27, 2011 at the Judicial Building.

For more information:

Handouts and meeting information for each workgroup will be made available at:
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.